

Progress Toward a “B95” Respirator for Healthcare Personnel

Ronald Shaffer, Ph.D.

*Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health
National Personal Protective Technology Laboratory*

NIOSH PPT Healthcare Stakeholder Meeting

June 18, 2013, Atlanta, GA

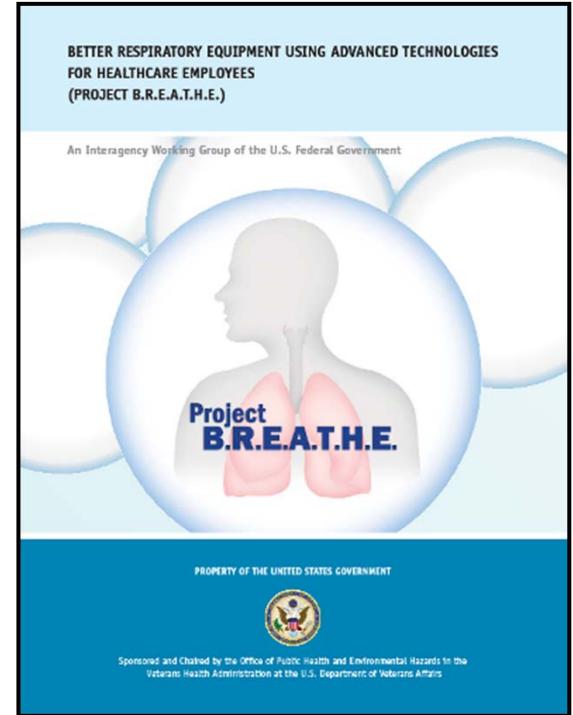
Project BREATHE - Better Respiratory Equipment using Advanced Technologies for Healthcare Employees

- **Partnership:** Veterans Health Administration (VHA)
- **Objective:** To improve respirator compliance among healthcare personnel (HCP) by promoting the development of better respirators



Project BREATHE Working Group

- Identified 28 “Idealized” characteristics
- Respirators should:
 - Perform their intended functions safely and effectively (9 requirements identified including fit & reusability/fomite concerns)
 - Support, not interfere with, occupational activities (5 requirements... speech, hearing, etc.)
 - Be comfortable and tolerable for the duration of wear (10 requirements... breathing resistance, facial pressure, etc.)
 - Comply with current standards and guidelines (4 requirements... OSHA, NIOSH, FDA)



<http://www.publichealth.va.gov/docs/cohic/project-breathe-report-2009.pdf>

Project BREATHE Working Group

- Healthcare is a unique environment with challenges different from that of industrial workplaces
- Need a new type of respirator (“B95”) designed specifically for healthcare
- See Gosch et al, “B95: A new respirator for healthcare personnel” American Journal of Infection Control for additional details
 - DOI: 10.1016/j.ajic.2013.03.293

Path Forward

Develop clinically-validated “B95” test methods	“B95” prototype development	Development of a “B95” standard
<ul style="list-style-type: none">• Comfort• Fit• Occupational interference	<ul style="list-style-type: none">• Collaborations with Georgia Tech, 3M, and Scott Safety	<ul style="list-style-type: none">• Draft “B95” requirements, criteria, and test methods developed• Focus on comfort & fit

Development of a “B95” Standard

- **Two approaches**

- “Short-term”: collaborate with a consensus standards development organization (SDO) to develop a voluntary consensus standard
- “Long-term”: develop the scientific basis to support possible future changes to any outdated, unnecessary, or burdensome OSHA, NIOSH, or FDA regulations

Consensus Standards Approach

- 42 CFR Part 84 sets the minimum respirator performance requirements for all workplaces; nothing specific for healthcare
- Voluntary consensus standards can fill this gap
 - SDO sets additional requirements for specific applications, but requires NIOSH certification as the baseline
 - Similar concept used for firefighter SCBA

Selection Process

Starting point

- 28 Project BREATHE characteristics for the “ideal” healthcare respirator

Example selection criteria

- Not in the existing NIOSH & FDA Surgical N95 respirator standards?
- Still an end-user priority?
- Suitable test methods readily available?
- Preferences: peer-reviewed science & human subject-based

Results

- 7 “B95” requirements that will be assessed using 10 “B95” test methods
- 3M 1870 FFR used to set pass/fail level

Safety & Effectiveness

Requirement	Test Method	Pass/Fail Criterion
Respirator fit	35 person NIOSH bivariate fit test panel	$\geq 75\% (26/35)$ of subjects pass a quantitative fit test
Reuse / Gauging Fit	Measure fit from 10 repeated donnings on a headform	GM fit factors ≥ 100

Comfort – Machine Tests

Requirement	Test Method	Pass/Fail Criterion
Breathing resistance	Filter airflow resistance (TSI 8130)	$\leq 10 \text{ mm H}_2\text{O}$
Air Exchange	Average inhaled CO ₂	$\leq 3.0\%$
	Average inhaled O ₂	$\geq 16.5\%$

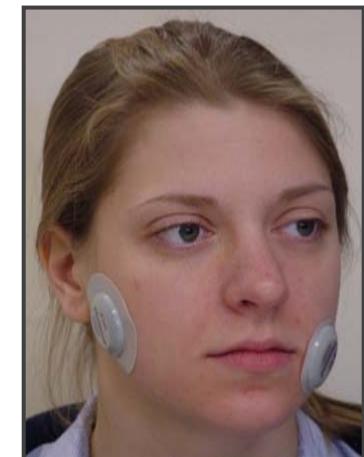
Note: measuring inhaled CO₂ and O₂ using the NIOSH automated breathing & metabolic simulator (0.5 l/min oxygen consumption)



Comfort – Human Subject



- “Roberge” protocol - 20 subjects walking on treadmill for 1 hr at 3.5 mph (low-moderate work rate)



Comfort – Human Subject

Requirement	Test parameter	Pass/Fail Criterion
Air exchange	Transcutaneous CO ₂	≤ 4 mm Hg increase over baseline
	O ₂ saturation	≤ 1% decrease over baseline
Facial heat	Air temp inside FFR	≤ 2.5°C increase over baseline
	Skin (cheek) temp inside FFR	≤ 2.5°C increase over baseline
Moisture management	Moisture retention	≤ 4% of respirator weight (g) / hr

Next Steps

- In collaboration with stakeholders, continue improvement of “B95” requirements, test methods, and criteria (2013-2014)
- Use draft “B95” test methods to assess the Project BREATHE prototypes (Summer/Fall 2013)
 - Opportunity to validate NPPTL’s lab-based test methods against VHA’s clinical setting simulator data
- Contact SDOs (ASTM, ISO, NFPA, ISEA, ASSE, etc.) to determine interest in developing “B95” standard that enhances NIOSH N95 requirements (~2014)

Acknowledgements

- VHA's Center for Occupational Health and Infection Control (COHIC): Lew Radonovich, Megan Gosch, and Aaron Eagan
- NPPTL/TRB Respiratory Protection Team: Ziqing Zhuang, Mike Bergman, Ed Fisher, and Andy Palmiero
- NPPTL/TRB Human Performance Team: Ray Roberge, Jon Williams, Kenny Kim, and Eddie Sinkule

Quality Partnerships Enhance Worker Safety & Health



Visit Us at: <http://www.cdc.gov/niosh/npptl/>

Disclaimer:

The findings and conclusions in this presentation have not been formally disseminated by the National Institute for Occupational Safety and Health and should not be construed to represent any agency determination or policy.

Contact Information

Ronald E. Shaffer, Ph.D.

Senior Scientist, Office of the Director

National Personal Protective Technology Laboratory

National Institute for Occupational Safety and Health

Phone: 412-386-4001

Email: RShaffer@cdc.gov